



State of Idaho Emergency Medical Services Bureau
Provider Application Form



Level Applied For: ☐ First Responder ☐ EMT-Basic ☐ Advanced EMT-A (\$35.00 fee) ☐ EMT-Paramedic (\$35.00 fee)
Type: ☐ Initial ☐ Recertification (\$25.00 fee for AEMT-A and EMT-P) ☐ Reinstatement ☐ Reversion ☐ Ambulance Rating (complete back) ☐ Reciprocity

Applicant Information:

Social Security # _____ - - Date of Birth ____ / ____ / ____ Drivers License # _____ DL State _____
Name _____ Gender ☐ F ☐ M
Last Name First Name Middle Name/Initial
Mailing Address _____
City _____ State _____ Zip _____ County _____
Home Phone # _____ Work Phone # _____ Cell Phone # _____
E-Mail Address _____ Circle the highest level of education: GED High School Diploma College: 1 2 3 4 5 6 7 8

Affiliation:

Agency Name _____ Agency License # _____
Agency Chief/Director/President _____
Signature _____ Printed Name _____
Additional Licensed EMS Affiliations: _____
Check all circumstances in which you will use this certification: Volunteer Career
☐ True ☐ Full Time
☐ Compensated ☐ Part Time

Applicant Signature:

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS certification as established by the State of Idaho.

Signature of Applicant _____

Date signed _____

For Bureau Use Only

Received in RO Complete	CHC Scan Date (PROV) _____ CHC Complete Date (FULL) _____ Course # _____ NR Written Date _____ NR Practical Date _____ Ambulance Rating (if AEMTA) Date _____ Included <input type="checkbox"/> Cert. Fee Rcvd Date _____ Approval Date/Initial _____ Entered into Database _____ Date Sent to CO _____ Previous ID State Certification <input type="checkbox"/>	First Responder/Basic	Advanced, Intermediate and Paramedic		
Received in C&L Complete		Test Date	Expiration	Test Date	Expiration
		4/03-9/03	9/30/2006	4/04-9/04	9/30/2006
		10/03-3/04	3/31/2007	10/04-3/05	3/31/2007
		4/04-9/04	9/30/2007	4/05-9/05	9/30/2007
		10/04-3/05	3/31/2008	10/05-3/06	3/31/2008
		4/05-9/05	9/30/2008	4/06-9/06	9/30/2008
		10/05-3/06	3/31/2009	10/06-3/07	3/31/2009
		4/06-9/06	9/30/2009	4/07-9/07	9/30/2009
		10/06-3/07	3/31/2010	10/07-3/08	3/31/2010
		4/07-9/07	9/30/2010	4/08-9/08	9/30/2010
		10/07-3/08	3/31/2011		
		4/08-9/08	9/30/2011		